


**FILED**  
**Jul 18, 2003 8:00 am**  
**Secretary of State**

06-16-2003 90147 036 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # P02000041600</b>				(L) 	
1. Entity Name <b>WALM CONSTRUCTIONS INC.</b>					
Principal Place of Business 8001 CHRESPI BLVD. NO 7B MIAMI, FL 33141			Mailing Address 8001 CHRESPI BLVD. NO 7B MIAMI, FL 33141		
2. Principal Place of Business			3. Mailing Address <b>12465 SW 219 St.</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State		City & State <b>MIAMI, FL.</b>		4. FEI Number <b>75-3045905</b>	
Zip		Country		Applied For Not Applicable	
Zip <b>33170</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>CORONADO, NESTOR 7360 CORAL WAY SUITE 21 MIAMI, FL 33155</b>			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number Is Not Acceptable)			Street Address (P.O. Box Number Is Not Acceptable)		
City			City		
FL			Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when returning)</small>					
<small>FILE NOW WITH FEES \$150.00        After May 1, 2003 Fee will be \$550.00        Make Check Payable to Florida Department of State</small>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LOPEZ, JOSE G		NAME		
STREET ADDRESS	8001 CHRESPI BLVD. NO 7B		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33141		CITY-ST-ZIP		
TITLE	SVD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LOPEZ, WILSON A		NAME		
STREET ADDRESS	8001 CHRESPI BLVD. NO 7B		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33141		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <b>J. JOUANY LOPEZ</b>		President		(305) 258-1544	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

**55051584**



CHECK HERE IF MAKING CHANGES

CHRE034 (1/01/02)